

WHAT DO INDIANA ADOLESCENTS REALLY WANT FROM SCHOOL-BASED AND SMS-DELIVERED SEXUAL HEALTH EDUCATION?

A PhD DISSERTATION PROPOSAL

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Poor Adolescent Sexual Health Outcomes

2nd

Highest STD rates are in the state

17th

highest teen birth rate in the U.S.

23%

increase in new HIV infections

School-based Sex Education



School-based sexual health education may be a **practical, economical, and effective** prevention strategy (CDC, 2017).

School-based Sex Education

Abstinence-Only Until Marriage

Increase risk avoidance by promoting delaying sex until marriage.

Does not teach:

contraception or condom use,

avoids instruction on abortion

Comprehensive Sex Education

Emphasizes abstinence and provides information on:

contraception

STD protection

sexual health decision-making and more

More effective at reducing sexual risk behaviors

Indiana Laws & SBSE

SBSE in IN must be **abstinence-centered**

Most instructors **avoid** teaching comprehensive topics

42% of IN adolescents have had sex, nearly **1/3** are sexually active

Health organizations have recommended that IN secondary schools **expand** SBSE



Possible Solutions

Replace abstinence-centered SBSE with CSE

Teens' own thoughts are important to consider when providing adolescent sexual health (Eisenberg et al., 1997; Herrman, Kelley, & Haigh, 2017; Kimmel et al., 2013).



HIV, Other STD, and Teen Pregnancy Prevention and

Indiana Students

What is the problem?

The 2011 Indiana Youth Risk Behavior Survey indicates that among high school students:

Sexual Risk Behaviors

- 51% ever had sexual intercourse.
- 5% had sexual intercourse for the first time before age 13 years.
- 17% had sexual intercourse with four or more persons during their life.
- 38% had sexual intercourse with at least one person during the 3 months before the survey.
- 42% did not use a condom during last sexual intercourse. (1)
- 66% did not use birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse. (1)
- 10% were never taught in school about AIDS or HIV infection.

Alcohol and Other Drug Use

- 20% drank alcohol or used drugs before last sexual intercourse. (1)
- 2% used a needle to inject any illegal drug into their body one or more times during their life.

What are the solutions?

Better health education • More comprehensive health services • More supportive policies • More family involvement

Dissertation Goals

Youth perspectives about sexual education remain relatively absent from scholarship

Primary Goal

- Adolescents' **ideal sexual health curriculum.**



Secondary Goals

- Adolescents' **perceptions about receiving SMS-delivered sexual health information** from local health departments
- & **SMS engagement preferences** when receiving such information

RG1- Adolescents' ideal sexual health curriculum.

Existing Literature

School officials have difficulty accepting that young people are sexually active

SBSE is out of touch (Pound et al., 2016).

Students' support CSE and want SBSE to cover a breadth of topics. (Aquilino & Bragadottir, 2000; Eisenberg et al., 1997; Hammonds & Schultz, 1984; Herrman, Kelley, & Haigh, 2017; Kimmel et al., 2013).

Gaps

Similar methods

No Internet, social media, technology

Little focus on LGBTQ sexual health

RG1- Adolescents' ideal sexual health curriculum.

Research Aim 1-explore Indiana adolescents' **opinions** about their current sexual health curriculum.

Research Aim 2-explore Indiana adolescents' **recommendations** for their ideal sexual health curricula.

RG2- Receiving SMS-delivered sexual health information from LHDs

Existing Literature

SMS emergent health tools but adolescent reception is mixed

Health departments SMS=few followers, few likes, not reaching or engaging intended audience (Thackeray et al., 2012; Jha, Lin, & Savoia, 2015)

Gaps

How to use SMS as sexual health promotion tool for teens

How can LHDs connect, build and engage teen audience

RG2- Receiving SMS-delivered sexual health information from LHDs

Research Aim 1-explore adolescents' **current attitudes and behaviors** regarding receiving and seeking sexual health information on popular SMS.

Research Aim 2-explore what motivates teens to respond to sexual health education on SMS.

RG3- Engagement preferences with sexual health information disseminated on SMS.

Existing Literature

Engagement initiates deeper-level thinking that can enhance the persuasiveness of health messages and can lead toward behavior change.

Early promise for behavior change

Weight loss (Hales et al., 2014).

Smoking reduction (Kim et al., 2017).

HIV testing

RG3- Engagement preferences with sexual health information disseminated on SMS.

Gaps

How the health topic influences user engagement

How health topics influences audience content preferences

How content motivates engagement

Research Rationale

A **mixed methods study design**, focus groups and survey data

Previous literature mostly used only qualitative methods (e.g. Aquilino & Bragadottir, 2000; Eisenberg et al., 1997; Hammonds & Schultz, 1984; Herrman, 2008; Herrmann et al., 2017).

A quantitative component can **generate new knowledge** and offer a holistic understanding

Goal=identify practical ways to provide teens with sexual health education, therefore a generic qualitative approach is suitable.

Proposed Methodology

Setting-Crawfordsville High School, located in area with poor sexual health outcomes

Participant criteria IN high school students between the ages of 13-19 years-old. Participants will 1) have completed a sexual health unit or 2) currently be enrolled in a sexual health unit.

Data collection-focus groups and survey

Sample sizes

6 focus groups with 5-8 participants

Survey goal is 216 participants

Study Instruments

The Sexual Education
Evaluation Survey
(Appendix 1).



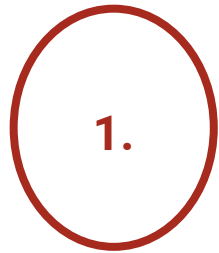
The Focus Group
Screening
Questionnaire
(Appendix 2)



The Focus Group
Discussion
Instrument
(Appendix 3)

Adapted from prior research on
teen pregnancy prevention, SBSE preferences
and evaluations, social media health promotion
intervention and evaluation

Data Collection Procedure



Recruitment

Will occur one week before data collection

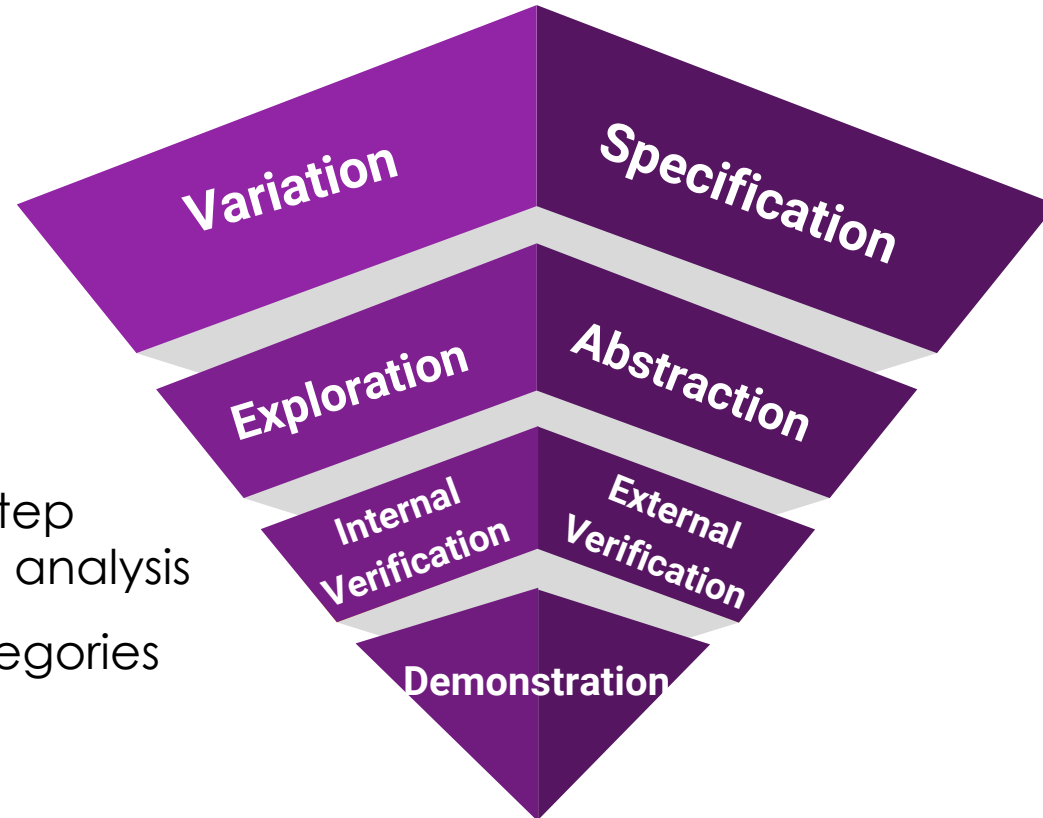
Surveys

Ongoing throughout the study

Focus Groups

Will begin after student takes survey

Proposed Analysis



VSAIEEDC model-A seven-step model for generic thematic analysis

Best for predetermined categories

Helps to ensure rigour

Final Theme

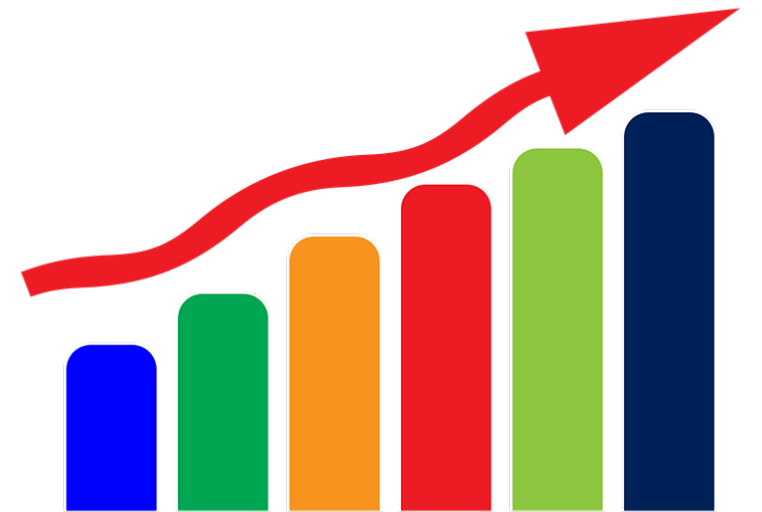
Research Importance

STDs in The US Have Surged to a Record-Breaking High, The CDC Warns

The highest rate in the industrialised world.

MIKE MCRAE 29 AUG 2018

Preliminary data released by the Centres for Disease Control and Prevention (CDC) in the US reveal nearly 2.3 million incidences of chlamydia, gonorrhoea, and syphilis were diagnosed in 2017 – an increase of roughly 200,000 from the year before.



Research Importance

Show what schools can do to improve risky sexual behavior
Shed light on innovative strategies that can be replicated on a larger scale



Questions and Feedback